

VOLUNTEER FIRE/RESCUE APPLICATION

I am interested in additional information on becoming a fire or rescue volunteer in the community, and would like to be contacted.

Name: _____

Address: _____

Phone: _____ Best Time to Call: _____

I am interested in the following agency(ies):

- | | |
|---|---|
| <input type="checkbox"/> Bergton Station Volunteer Fire Company | <input type="checkbox"/> Grottoes Volunteer Fire Company |
| <input type="checkbox"/> Bergton Station, Broadway Volunteer Rescue | <input type="checkbox"/> Grottoes Volunteer Rescue Squad |
| <input type="checkbox"/> Bridgewater Volunteer Fire Company | <input type="checkbox"/> Harrisonburg Volunteer Rescue Squad |
| <input type="checkbox"/> Bridgewater Volunteer Rescue Squad | <input type="checkbox"/> Hose Company #4 |
| <input type="checkbox"/> Broadway Volunteer Emergency Squad | <input type="checkbox"/> McGaheysville Volunteer Fire Company |
| <input type="checkbox"/> Broadway Volunteer Fire Company | <input type="checkbox"/> Port Road Station, Hose Company #4 |
| <input type="checkbox"/> Clover Hill Volunteer Fire Company | <input type="checkbox"/> Singers Glen Volunteer Fire Company |
| <input type="checkbox"/> Clover Hill Station Bridgewater Volunteer Rescue | <input type="checkbox"/> Singers Glen Volunteer Rescue Squad |
| <input type="checkbox"/> Elkton Volunteer Fire Company | <input type="checkbox"/> Timberville Volunteer Fire Company |
| <input type="checkbox"/> Elkton Volunteer Emergency Squad | <input type="checkbox"/> Rockingham/Augusta Search & Rescue |

Comments/Other information: _____

OFFICE USE ONLY

Date: received: _____ referred: _____

Referred to: _____

Mail Completed Form To:

County of Rockingham
Department of Fire and Rescue
20 East Gay Street
Harrisonburg, VA 22803

Questions?: Call (540) 564-1133 Fax: (540) 564-1823